

**TO BE COMPLETED BY PRESIDIO SCHOOL**

**Registration Form Complete: Initials of Recipient**

Registration Packet complete:	Date _____	Time _____
Test	Date _____	Time _____
Start	Date _____	Time _____

Anticipated Enrollment Grade Level: \_\_\_\_\_

**Student Information**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home phone # \_\_\_\_\_ Work phone # \_\_\_\_\_ Ext. \_\_\_\_\_ Pager # \_\_\_\_\_

Birth date \_\_\_\_\_ Gender: M \_\_\_ F \_\_\_ Ethnicity: White \_\_\_ Hispanic \_\_\_ Black \_\_\_ Native Am \_\_\_ Asian \_\_\_ Other \_\_\_\_\_

What is the student's primary language? \_\_\_\_\_

Has student ever attended English as a Second Language (ESL) classes? Yes \_\_\_ No \_\_\_

Has student ever been designated as Limited English Proficiency (LEP) or as an English Learner (EL) Yes \_\_\_ No \_\_\_

Is student allowed to watch movies in class? Yes \_\_\_ No \_\_\_

Mode of transportation: Presidio School bus pass \_\_\_ Parent/Guardian transport \_\_\_ Bicycle/Walking \_\_\_  
Other \_\_\_\_\_

Previous School(s)	Start with the most recent school	Year	to	Year
_____	Grade Level(s) _____ City _____ State _____	From _____	to _____	
_____	Grade Level(s) _____ City _____ State _____	From _____	to _____	
_____	Grade Level(s) _____ City _____ State _____	From _____	to _____	
_____	Grade Level(s) _____ City _____ State _____	From _____	to _____	
_____	Grade Level(s) _____ City _____ State _____	From _____	to _____	

Last Grade Completed \_\_\_\_\_ Last Date Attended \_\_\_\_\_ Reason for withdrawal \_\_\_\_\_

Ever attended Presidio School before? \_\_\_\_\_ Year(s) \_\_\_\_\_

Has student ever been in Adaptive/Special Education? Yes \_\_\_ No \_\_\_ (If yes, please answer the following two questions.)

What were the reasons cited for adaptive education? \_\_\_\_\_

Was an Individual Education Plan (IEP) ever developed? Yes \_\_\_ No \_\_\_ Date \_\_\_\_\_

Does the student have a medical condition? (If yes, please explain) \_\_\_\_\_

Does the student take prescription medicine? (If yes, please explain) \_\_\_\_\_

How did you find out about Presidio School? (Check all that apply and circle the one most important in your decision)

Presidio School student \_\_\_ Presidio School parent \_\_\_ Newspaper \_\_\_ Presidio Newsletter \_\_\_ Case Manager \_\_\_ Phonebook \_\_\_

Previous school \_\_\_ Presidio Web Site \_\_\_ Alternate Web Site \_\_\_ Brochure \_\_\_ Other \_\_\_\_\_

**Failure to provide the following information will be viewed as falsification of enrollment documents**

Student's Case Manager or Court Appointed Supervisor (if applicable)

Name \_\_\_\_\_ Position \_\_\_\_\_ Phone \_\_\_\_\_

**Financial & McKinney Act Eligibility** This information is required and is utilized by the Arizona and U.S. Departments of Education to ascertain if *Presidio* is eligible for additional funding for student services.

Total number of people in student's household/family \_\_\_\_\_ Total annual income for household \$ \_\_\_\_\_

If the student or the student's family is receiving any of the following, please check all that apply.

General Assistance \_\_\_\_\_ Food Stamps \_\_\_\_\_ SSI/SSD \_\_\_\_\_ AFDC \_\_\_\_\_

Presently, where is the student living? Please check one box:

\_\_\_ in a Shelter \_\_\_\_\_ with more than one family in a house or apartment (other family rents or owns the property)  
\_\_\_ in a motel, car or campsite \_\_\_\_\_ with friends or family members other than parent/guardian  
\_\_\_ none of the previous statements apply to this student

**Guardian Information**

With whom does the student currently live? (mother, father, step parent, relative, friend, group home, self, etc.) \_\_\_\_\_

Parent/Guardian information:

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Relationship \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home phone # \_\_\_\_\_ Work phone # \_\_\_\_\_ Ext. \_\_\_\_\_ Cell Phone # \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Relationship \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home phone # \_\_\_\_\_ Work phone # \_\_\_\_\_ Ext. \_\_\_\_\_ Cell Phone # \_\_\_\_\_

**Emergency Contact Information (other than parent/guardian)**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home phone # \_\_\_\_\_ Work phone # \_\_\_\_\_ Ext. \_\_\_\_\_ Cell Phone # \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home phone # \_\_\_\_\_ Work phone # \_\_\_\_\_ Ext. \_\_\_\_\_ Cell Phone # \_\_\_\_\_

*The following signature(s) confirm that I/we have read the Presidio Student Handbook and the Parent/Student/School NCLB Responsibilities Compact, will abide by all of the policies contained there in; that all previous information contained on this form is complete and accurate to the best of my/our knowledge; and that I/we understand that the omission or misrepresentation of any requested information may result in the revocation of the registration of this student at Presidio.*

\_\_\_\_\_  
Student Signature Date

\_\_\_\_\_  
Parent/Guardian Signature Date

\_\_\_\_\_  
Presidio School Authorized Signature Date